

West Virginia Department of Health and Human Resources - Division of TB Elimination

NURSING HISTORY

Name: _____ Birthdate: _____ Date: _____

Chief complaint: (client's own words) _____

Pertinent medical history: _____

HISTORY OF:	YES	NO	HISTORY OF:	YES	NO	HISTORY OF:	YES	NO
TUBERCULOSIS			CARDIOVASCULAR PROBLEMS			GENITO-URINARY PROBLEMS		
BRONCHITIS			SEIZURES			PREGNANCY		
PNEUMONIA			DIABETES			SLEEP PROBLEMS		
ASTHMA			CANCER			HEARING/SPEECH PROBLEMS		
COPD			BONE/JOINT PAIN			BCG VACCINE		
SILICOSIS (Black lung)			IMMUNE SUPPRESSION DRUGS (TNF, steroids, etc.)			IMPAIRED IMMUNE SYSTEM		
TOBACCO USE PPD: _____			ALCOHOL/DRUG ABUSE			LIVER PROBLEMS		

SYMPTOM	YES	NO	EXPLANATION FOR ANY YES ANSWERS
COUGH			
PRODUCTIVE COUGH			
HEMOPTYSIS			
WEIGHT LOSS			
CHEST PAIN			
FATIGUE			
FEVER			
NIGHT SWEATS			

TST: date _____ size _____ mm

Previous TST: date _____ size _____ mm

IGRA: date _____ Negative/Positive

Previous IGRA: date _____ Negative/Positive

HIV Status: Offered _____ Tested _____ Status Known _____ Risk: low _____ medium _____ high _____

Current Medications: _____

Allergies: _____

Occupation: _____ Workplace: _____

Travel History: _____

Hobbies/Interests: _____

Household/Frequent Contacts: _____

Nurse signature _____

Date _____